PTO/SB/17 (12-04)

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Attorney Docket No.

Effective on 12/08/2004 Complete if Known Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/529,239 Application Number FEE TRANSMITTAL March 25, 2005 Filing Date First Named Inventor CHOI, Kang Mo **FOR FY 2008** Examiner Name Reese, David C Art Unit 3677 ☐ Applicant claims small entity status. See 37 CFR 1.27

(\$)1,050.00

TOTAL AMOUNT OF PAYMENT

METHOD OF PAYMENT (check all that apply)									
■ Check □ Credit Card □ Money Order □ None □ Other (please identify):  Deposit Account Deposit Account Number: <u>50-0911</u> Deposit Account Name: <u>McKenna Long &amp; Aldridge LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments									
under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULAT	ION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES <u>Small E</u>		<b>I</b> Entity	SEARCH FEES Small Entity		EXAMINATION FEES Small Entity			
• Application	<u>Fee</u>		<u>e (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>		Fees Paid (\$)
Utility	31	0 1	55	510	255	210	105		
Design	21	0 1	05	100	50	130	65		
Plant	21	0 1	05	310	155	160	80		
Reissue	31	0 1	55	510	255	620	310		
Provisional	21	0 1	05	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims  Small Entity Fee (\$) Fee (\$)  25  25  Multiple dependent claims 370 185									
Total Claims	·			Multiple Dependent Claims			<u>is</u>		
20 or l		x				<u>Fee (\$)</u>		Fee Pai	
HP = highest number Indep. Claims	number of total claims paid for, if greater than 200  ims Extra Claims Fee (\$) Fee Paid (\$)		_0	0	<del></del>				
- 3 or H		<u>aiiii5</u> X	\$210		ο				
HP = highest number	er of independent cl	aims paid for,	if greater than	3					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$)							• •		
							Fee Pai		
Other: Three-Month Extension of Time Filing Fee						1,050	.00		
SUBMITTED BY ,									
Signature	1	114	we cu.		Registration No.		Telephone	500	

SUBMITTED BY	, , , , , , , , , , , , , , , , , , ,			
Signature	M	YONG CHI)	Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Mark R. Kreslott	MN.43,324	42,766	Date August 25, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 25 200	Under the Paperwork Reduction Act of 1995. no	persons are requ	U.S. Patent and Tra	demark O	ffice: U.S. DE	h 7/31/2006. OMB 0651-0031 PARTMENT OF COMMERCE ays a valid OMB control number.			
STENT & TRUE	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB of PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  Attorney Docket No. 9988.219.00								
•		In re Applic	cation of CHOI, Kar	ng Mo					
٠		Application	Number 10/529,239	Filed March 25, 2005					
		For: LOCK NUT AND WRENCH FOR LEG ASSEMBLY OF HOME APPLIANCE							
		Art Unit	3677	Examin	ner	Reese, David C.			
	This is a request under the provisions identified application.	of 37 CFR 1	.136(a) to extend the pe	eriod for	filing a repl	y in the above			
	The requested extension and appropri	iate non-sma	all-entity fee are as follow	ws (chec	k time peri	od desired):			
	One month (37 CFR 1.17(a)(1))								
	Two months (37 CFR 1.1)	7(a)(2))			\$				
	Three months (37 CFR 1.			_\$	1,050.00				
	Four months (37 CFR 1.1	7(a)(4))	1)(4))			\$			
- )	Five months (37 CFR 1.1			\$					
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is								
	reduced by one-half, and the resulting fee is: \$								
	A check in the amount of the fe	e is enclose	d.						
	Payment by credit card. Form PTO-2038 is attached.								
	The Director has already been authorized to charge fees in this application to a Deposit Account.								
	The Director is hereby authoriz Account No. 50-0911. A duplic	ed to charge cate copy of	e any additional fees, or this sheet is enclosed.	credit ar	ny overpay	ments, to Deposit			
	I am the applicant/inventor.								
			e interest. See 37 CFR .73(b) is enclosed. (Fo		/SB/96).				
	attorney or agent of	of record. Re	egistration Number	42	2,766	_			
•	attorney or agent u				/				
	Registration numb	er if acting und	der 37 CFR 1.34(a)		A YING	- ; (4-)			
	August 25, 2008 Date				Signature	7N.43,324			
ļ	(202) 496-7500				rk R. Kresl	0			
	Telephone Number  Typed or printed name								
	NOTE: Signatures of all the inventors or assign than one signature is required, see below	ees of record of t	he entire interest or their represe	entative(s) a	re required. Su	ubmit multiple forms if more			
	Total of	forms are su	bmitted.						

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